STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER: WEST RIVER EAGLE		2. DATE: 09/30/2024
3. FREQUENCY OF ISSUE: WEEKLY	3A. NO. OF ISSUES PUBLISHED ANNUALLY: 52	3B. ANNUAL SUBSCRIPTION PRICE: $ 50
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers): 1413 E GRAND CROSSING, MOBRIDGE SD 57601		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers): 1413 E GRAND CROSSING, MOBRIDGE SD 57601		
6. FULL NAME OF PUBLISHER: KELSEY MAJESKE		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)		
FULL NAME: J. LOUIS MULLEN	COMPLETE MAILING ADDRESS: 75 N MAIN ST BUFFALO, WY 82834	
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.): FIRST NORTHERN BANK OF WYOMING 141 S MAIN ST BUFFALO WY 82834		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	1650	1735
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors, and counter sales.	900	725
2. Mail Subscription (Paid and or requested)	238	246
3. Paid Electronic Copies	150	145
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	1288	1116
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	61	54
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	225	540
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1574	1710
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	76	25
2. Return from News Agents	0	0
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	1650	1735

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

Kelsey Majeske
(Signature)

Publisher
(Title)

State of South Dakota)
§
County of Walworth)

Sworn to before me this 30 day of September 2024

Arden Pahl
Notary Public

My commission expires: Aug 1 2025

(Seal)

ARDEN PAHL
Notary Public
South Dakota

Form: SOS REC 051 9/2016